

Folder: Current Case Plan																																																													
<input type="checkbox"/> Details	<input type="checkbox"/> Contents <input type="checkbox"/> Notes (0)																																																												
<table border="1"> <tr> <td>Name</td> <td>STEVEN ALFANO</td> <td>SSN</td> <td>099-44-9648</td> <td>DOB</td> <td>01/14/1958</td> </tr> <tr> <td>Account Name</td> <td>WEILL MEDICAL COLLEGE</td> <td>Account #</td> <td>NYK001972</td> <td>Incurred Date</td> <td>06/05/2000</td> </tr> <tr> <td>Claim Manager</td> <td>Mark Soccers</td> <td>Incident #</td> <td>513554</td> <td>Claim Eff Dt/Status</td> <td>01/21/2003 - Active</td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> HasGantt <input type="checkbox"/> Claim Strategy <input type="checkbox"/> Claim Status Comments </td> </tr> <tr> <td colspan="6"> 11/09/2004 11:51:09 AM 2655916 1st </td> </tr> <tr> <td colspan="6"> 11/01/04 staffed claim with MCH. Based on review of current medical, and PPA, run exploratory TPA on L/R provided. Concurrently, send ABS to CX for cop. IOW. If TPA positive, send to AP for comments. MDSoccers CK </td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> Level of Functional Capacity <input type="checkbox"/> With Restrictions <input type="checkbox"/> Restrictions and Limitations </td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> Symptomatic/Objective Findings/Treatment </td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> Outstanding Issues and Follow-up Dates </td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> Strategy </td> </tr> </table>		Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958	Account Name	WEILL MEDICAL COLLEGE	Account #	NYK001972	Incurred Date	06/05/2000	Claim Manager	Mark Soccers	Incident #	513554	Claim Eff Dt/Status	01/21/2003 - Active	<input type="checkbox"/> HasGantt <input type="checkbox"/> Claim Strategy <input type="checkbox"/> Claim Status Comments						11/09/2004 11:51:09 AM 2655916 1st						11/01/04 staffed claim with MCH. Based on review of current medical, and PPA, run exploratory TPA on L/R provided. Concurrently, send ABS to CX for cop. IOW. If TPA positive, send to AP for comments. MDSoccers CK						<input type="checkbox"/> Level of Functional Capacity <input type="checkbox"/> With Restrictions <input type="checkbox"/> Restrictions and Limitations						<input type="checkbox"/> Symptomatic/Objective Findings/Treatment						<input type="checkbox"/> Outstanding Issues and Follow-up Dates						<input type="checkbox"/> Strategy					
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11/03/04 staffed claim with NCM. Based on review of current medical, and PAB, PAB, exploratory TPA on L/R provided. Concurrently, send APS to CX for CDP, LOV, if TPA positive, send to AP for comments.
Knsodders CX

Active Contents

Type	Due Date	Created By	Assigned To	Name
✓ LTD	09/06/2008		Mark.Sodders	ALEANDRO STEVEN - 939448648 - 01/14/1958

Created: 04/03/2004 11:57 AM

7/31/2003

Claimant Name: Steven Alfano

SSN: 089-44-9648

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CURRENT CASE PLAN

7/31/03 - Clmt is 44 yr old wage and salary mgr for Cornell university medical college. Incur date - 6/6/00. Claim was denied as meds in file did not support clmt id through the wailing period. Decision was appealed and upheld. Clmt's city appealed decision and it was overturned. Meds in file support symptomatic multilevel spinal stenosis and nerve root impingement supported by clinical exam findings and peer review. All of his Dr's (4) have indicated that clmt needs surgery. Clmt has opted for conservative tx. There was a peer to peer review on 12/10/02 which supports clmt is id. At this time, we are requesting medical updates. Current DQ is in file. Possible surveillance in the future to make sure he is not active. Also do lpc.

R. Castellon Sr. CM

8/19/03 - received meds from Dr. Hopkins. Meds show clmt had shoulder and hip arthroscopy surgery. Surgeries were helpful as clmt is doing much better. Still waiting on meds from Dr. Roach.

019648

CLICNY 0103

12/28/2000

GENERAL INFO.			
Date Claim Rec'd	12/06/03	Date of Hrsc	08/05/1991
Policy Eff. Date	07/01/1969	EE Class	1
Policy Cancelled?	n	Date elected	09/04/1991
Initial EE (Y/N)	n	EE Eff. Date	09/01/1991
Eligibility WP	1 month	Eligible? (Y/N)	y
Initial Date	06/06/2000	PCL Descr	30%
Inv. PCL (Y/N)	n	Inv Dates	
Ben. Start Date	12/03/2000	Any Occ. Date	01/13/2023
DOB	01/14/1958	Ben Term Date	01/13/2023
PO Agg Rec'd?	n	FMB (Y/N)	y
MI Limt (Y/N)	y	W.O.P (Y/N)	n
SS Policy Lang:		Primary/Ful	full
R/A Rec'd(Y/N)?	n	Freeze (Y/N)?	y
Other benefits:		Amount Status:	
Short Term Disability (04)	2894.41	thru 12/02/2000	
Primary SSDI w/ Freeze (04)			
Dep. SS w/ Freeze (06)			
Govt/State Dis Benefits (16)			
WC/Jones Act (18)			
Salary Continuance (19)			
Other:			
Other:			
Note: EWP - Watch for 1st of month following DOB, etc.			
BENEFIT INFORMATION			
BME/Salary	\$5,933.32		
Gross Benefit	\$3,660.00	Override Benefit	
Basic %	60%	Override %	
Minimum	\$100.00	Maximum	\$15,000.00
EE Contribution %	90	Pre/Post	post
EMPLOYER INFORMATION			
Policy Number	NYK 1972		
Policy Name	Weill Medical College		
PH Address			
Phone #	212.746.1035		
Contact Name/Title	Rosemary Clut		
CLAIMANT INFORMATION			
Claimant Name:	Slovena Alfano		
Address	3800 Waldo Ave Apt 13-G Bronx, NY 10453		
Cx Age @ Dis.	42	Cmt Age 62	01/11/2020
Spouse DOB	05/26/1962		
Dependent Name	DOB		
Andrea	10/01/1992		
Michael	05/18/1996		
Additional Information:			

MEDICAL INFORMATION			
Initial DX	Radiculopathy		
ICD-9/DSM IV	722.52		
Surgery/Op			
Accident? (Type?)			
Worl, Roland (reported?)			
Attending Physician/Phone:	Fax:		
James Farmer, MD	212.606.1691		
Stephen Sonisa, MD	212.844.8490		
Robert Sow, MD	212.746.2830		
Steven DiGiornani, MD	212.434.3432		
Andrew Schiff, MD	212.746.2879		
Sean McCance, MD	212.546.9205		
Michael Almadies, MD	212.734.1268		
Thera - Ex	014.476.0951		

OCCUPATIONAL INFORMATION			
Occupation	Wage and Salary Manager		
Job Description (Y/N)			
Occ. Descr. - Sed., Light			
Med.: Hvy, Very Hvy, sedentary			
Education <12 Grade			
H.S. Diploma / GED			
College - #Years			
Degree (List titles)			
Specialty, Certificate, or License			
Experience			
RTW Language			

019548

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EE: ALFANO, STEVEN	SSN: 098-44-9648	DOB: 06/06/2000	ER: WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY(DIS)	ID: 854973378660580
WCC:	LTD:	STD:	ICMS:	Other:

Current Case Plan[Add a New Current Case Plan Entry](#)[Bottom of Page](#)

Paperwork sent as an appeal was set up by Intake as new claim but was recognized as a "no lead". Appeal was tracked to DAtlas Appeals Team on 6/4/02. Copy of correspondence will be again referred & this Unilnyx file closed out at assigned in error. MR 06-17-2002 08:02 AM - RYAN, MARY

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I am overturning the prior denial. This is a voluntary appeal. Cx was 42 years old at time of disability. ID is 06/06/00. Cx was a Wage and Salary Manager, which was considered to be sedentary. Peer Review was done by an orthopaedic doctor. Dr. Trotter did the Peer Review. Dr. Trotter stated that the medical documentation supports ex's inability to perform his occupation from 06/06/00 forward. Also the medical records indicate that the ex has a combination of symptoms, exam abnormalities, including ancillary test results that support ongoing diagnosis of severe multilevel spinal stenosis and nerve root impingement. This is severe enough that would preclude ex from performing his full time occupation from ID forward. Dr. Trotter stated from his review of the records, no matter what position ex assumes, he has symptomatic spinal stenosis and nerve root impingement on the basis of both soft tissue (discopathy and bony osteophytes). Nerves at the level of L5-S1 appear to be resulting in ongoing radiculopathy in particular of the LLE. Cx has not responded to nonoperative treatment and ex appears to have an indication for surgical intervention. Cx's overall pain level severity correlates with sx and exam findings. Cx's overly large body habitus may well have contributed toward his ongoing relatively severe spinal pathology. Dr. Trotter stated that the claimant appears to have significant ongoing symptomatology of back pain and lower extremity radiculopathy that would not allow ex to reasonably perform his occupation on a full time basis. Cx has a well documented case of spinal stenosis with radiculopathy resistant to nonoperative means and appears to have a significant correlation overall between the sx, exam findings, and ancillary test results rendering ex unable to perform his occupation. COncluded on next entry...

01-14-2003 01:47 PM - BHARADWAJ, MEDHA

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continued from previous entry: Based on the medical evidence in file supporting ex's inability to perform his occupation, along with the peer review findings, I am overturning the prior denial. File returned to core team for further handling. SS award in file. Core team to ensure that the offset is put in place and do calculations, manage claim, etc.. Gary Person reviewed file and agreed.

01-14-2003 01:48 PM - BHARADWAJ, MEDHA

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File Plan

Claimant: Steven Alfano
SSN 099-44-9648

12-5-02 MC completed referral to Intracorp for Ortho/PR as requested by ACE. MC will
f/u by 12-23-02.
Karen Haley RN, CLNC

12-30-02 MC received Ortho/PR report back from Intracorp. Reviewer found that
medical records do identify severity of condition that would preclude cx from
performing at the sedentary level. Reviewer noted that cx has significant symptomatic
spinal stenosis and nerve root impingement and claimant has not responded to
conservative treatment modalities. Please see report for details. Medical sufficient to
support cx's inability to function in the sedentary capacity during the time period of 6-
6-00 through present. MC discussed with ACE and file returned.
Karen Haley RN, CLNC

File Plan

Claimant: Steven Alfano
SSN 099-44-9648

12-5-02 MC completed referral to Intracorp for Ortho/PR as requested by ACE. MC will
f/u by 12-23-02.
Karen Haley RN, CLNC

01/23/2001

Claimant Name: Steven Alfano

SSN: 099-44-9648

Page #1

CURRENT CASE PLAN

12/28/2000 42 year old male, wage & salary manager with DX of low back pain. CX noticed increased in low back pain 4/2000. Disability commenced 5/6/2000. AP reports lumbar degenerative disc disease. CX reports back pain with interruption in his sleep. Current TX - physical therapy 3 times per week. CX treated with Dr. Scelsa 7/20/2000. Exam showed negative Patrick's movement. SLR negative. Neuro exam - strength normal. Slight antalgic gait. Negative Romberg. Bilateral peroneal and tibial motor conduction studies normal. Left tibial and bilateral peroneal F-wave minimal latencies were prolonged. Right tibial F-wave minimal latencies - normal. Bilateral sural & peroneal sensory responses - normal. Bilateral tibial H-ref latencies were prolonged. Needle EMG of bilateral gluteus maximus, left leg, and LS paraspinal muscles showed no spontaneous activity. AP reports CX has left S1 radiculopathy. CX to f/u for 3rd epidural injection and released to work. CX f/u with Dr. Snow 8/23/2000. SLR + 45 degrees. + pain with extension and flexion of the low back. AP recommends surgery. CX f/u with Dr. Farmer 8/31/2000. Exam showed normal gait. Exam of L-spine showed no tenderness to palpation. Able to forward flex within 6 inches of the floor. Extension 30 degrees. ROM hips is full and painless. Recommended that CX do PT and continue to take anti-inflamm. 9/14/2000 eval CX reports PT exacerbated pain. Exam showed L-spine non-tender to palpation. + pain with forward flexion. Neuro exam normal. CX reports pain limits him on a daily basis. AP recommends discogram then new MRI. PAA completed by Dr. Snow showed CX able to lift up to 20 lbs frequently and 50 occasionally. CX able to sit, stand and walk up to 2.5 hours each. PAA completed by Dr. Scelsa indicated CX is able to sit and stand up to 5.5 hours each and walk up to 2.5 hours.

No eligibility or pre-x issues as proof of enrollment is on file and CX elected coverage 1991.

Requested progress notes. Still awaiting notes from Dr. Farmer, Dr. DiGiovanni, Dr. Schiff, Dr. McCance, Dr. Alexiades and rehab facility. Will f/u 1/5/2001.

May consider FCE for evaluation of CX current limitations as CX was released to work following 7/20/2000 evaluation and did not f/u with AP. It appears based on PAA completed by Dr. Snow and Dr. Scelsa that CX has the ability to perform a sedentary job. PAA's were based on one evaluation only and CX did not f/u with these physicians.

Outstanding issues: Will call to f/u on med 1/5/2001 if not received.

Lara D'Ambrosio - Case Manager

01/8/01 Called to f/u on med requests. Re-faxed request to Dr. Alexiades, and left messages at Dr. DiGiovanni, Dr. Schiff, and Dr. Farmer's offices. Rec by 1/17/01.

Outstanding Issues: F/U if med not rec'd by 1/17/01.

Shannon Bailey - Case Manager

1/9/2001 Rec'd evaluation with Dr. McCance. CX seen on 8/17/2000. CX seen for eval of low back pain radiating down into left leg with numbness of both feet. CX reports loss of strength with walking. CX is 6'4" and weighs 300 lbs. Exam showed decreased sensation in the left L5 and S1 distribution. SLR negative. Hip ROM pain free. + pain with pressure palpation of the L5 vert. AP recommends surgery. Notes from Dr. Schiff indicate CX seen on 10/16/2000. Given Celebrex for depression. CX f/u 10/23/2000 - sleeping better.

Outstanding issues: F/U on med req from Dr. Alexiades, Farmer, and DiGiovanni 1/17 if not rec'd.

Lara D'Ambrosio - Case Manager

1/23/2001 Rec'd med from Dr. Alexiades. CX treated with AP 6/5/2000 and 7/31/2000. Exam on 6/6/2000 showed normal

02/06/2001

Claimant Name: Steven Alfano

SS#: 039-44-9848

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CURRENT CASE PLAN

1/23/2001 cont'd >>> heel/loc, tandem gait. Decreased ROM LS spine. MRI showed moderate to severe L5-S1 spondylosis and mild impingement on the inferior aspect of the left L5 nerve root and moderate L5-S1 spinal stenosis. F/u on 7/31/00 back pain still severe after 2 epidural injections. CX referred to spine surgeon for possible fusion.

Called Therap-Ex to f/u on request for PT notes. Notes should be rec by 1/24/2001

Called Dr. Farmer to f/u on progress notes - notes should be faxed by 1/24/2001

Outstanding issues: Will f/u with AP and PT 1/26/2001 if notes not rec'd. Upon receipt of med, will confer with MC

Lara D'Ambrosio - Case Manager

1/31/2001 Held staffing. Discussed issues of limitations and restrictions and conservative TX. Will send CX for IME as CX was released to work by neuro but does need surgery in the future.

Called CX to advise of IME. Asked about PT. CX stated that he only went to PT once. Current TX consists of diet and R. Referred file to be copied. Will refer to MC to schedule IME.

Lara D'Ambrosio - Case Manager

02/06/2001 Medical Consultant

File reviewed in its entirety, in preparation for IME.

Review reveals cx's incurr date is 6/6/00. Dr Farmer, ortho, who signed the APS on 11/20/00, saw the cx for the first time on 8/31/00. Writer questions how this MD can certify disability for a period of > 2 months prior to seeing the cx. CM requested OV notes from cx's PCP, Dr Schiff from 4/00 through the present. Notes sent were dated 10/16/00, and 10/23/00. No subjective complaints are noted, on 10/16. CX's BP is elevated to 160/100, and cx is started on Zestril in addition to Norvasc. ROS only cardiopulmonary. No P.E., and cx was also started on Celexa 20mg.

Cx returned on 10/23, subjective documents: "42yo man with doing well on Celexa, sleeping better and BP well controlled on Zestril". Objective: BP* 130/100 wt. 304lbs." In list of current meds writer notes that cx is taking no medications for analgesia.

Cx is then seen by a Dr Alexaides, ortho MD, on 6/5/00 who specializes in knee, hip, and shoulder surgery. At this appt cx reports > L lumbar radiculopathy for 2 weeks, and reports Motrin is providing only minimal relief. P.E. at that appt is documented as normal heel/loc walk, and tandem gait, decreased ROM of LS spine, motor strength 5/5, DTRs 1+ in knee and 2+ in ankles. CX was sent for a MRI of LS spine on 6/9/00. See CM's entry dated 1/23/01 for MRI results. MD writes "He is unable to work at this point". Cx is seen in f/u on 7/31, neuro intact, cx has difficulty walking on toes. Cx is seen by a Dr McCance, spinal surgeon, on 8/17/00. P.E. documented as difficulty with heel walking on L. DTRs are 2+, and 1+ at the L ankle, pain with pressure at L5, and pain with lumbar ROM with extension. Dx: Discogenic LBP, and L 1-S1 radiculopathy. A fusion with decompression of L5-S1 was recommended.

Cx seen in consult by a Dr Scelsa, neurologist, on 7/20/00. MD performed EMGs, and P.E. which document the following "Clinical/Electrophysiologic Impression: There were nonspecific neurogenic abnormalities in both legs of uncertain significance. Late responses were prolonged bilaterally. These findings did not clearly differentiate bilateral L5/S1 radiculopathies from mild polyneuropathy. There was not definitive electrophysiologic evidence of either. Taken together, the clinical and electrophysiologic features suggest the patient has left S1 more than L5 radiculopathy. There was no associated weakness or reflex change". Cx was to f/u for a third ESI, and started on Pamelor and Ultram.

"He was told that he could return to work, and that he should get up from his desk a few times per hour to stretch and walk around. He was also told he should avoid lifting anything heavy (greater than 10 pounds)". Cx was to f/u in 6 weeks. PAA completed by Dr Scelsa on 12/18 documents cx is capable of sedentary work.

Cx seen for the first time by a Dr Snow, neurosurgeon, on 8/23/00. P.E. documents + SLR bilaterally at 45deg; motor/sens exam normal; pain with flexion and extension; DTRs 2+ and symmetrical except for absent ankle jerk bilaterally. >>CONT-

04/12/2001

Claimant Name: Steven Affano

SSN: 099-44-9648

Page #3.

CURRENT CASE PLAN

02/06/2001 Medical Consultant >>>CONT FROM PREV. PAGE>>>

Impression was: L5-S1 radiculopathy, L>R, secondary to stenosis. CX was to think about a lumbar laminectomy. PAA completed by Dr Snow on 12/15/00 documents cx is capable of sedentary work. CX was seen in file by Dr Farmer, ortho, on 1/17. MD documents no change in ROM, and neurologic exam, "stable from a motor and sensory standpoint. Neural tension signs are negative." CX requested to return to PT, and a RX was given. Vioxx was renewed, and cx was to file after completing his course of PT. "He is not having any right pain". Numerous requests from P.T facility revealed cx was seen for one visit only on 9/9. Initial PT eval is illegible, and there has been no further file on the part of the cx.

Writer believes that current medical in file supports cx's ability to perform a sedentary JD. We have three PAAs complete by neurosurgeon, neurologist, and orthoped who document cx is capable of performing sedentary work.

File returned to CM with above recommendation and request for Occ requirements of JD. If JD is truly sedentary, we do not have RVLs which support cx's inability to perform JD. Please advise writer if HME still needs to be done.

File returned to CM.

Linda Cufari, R.N.

2/12/2001 File reviewed. CX does not satisfy the definition of DBL as the 180 day benefit waiting period had not been satisfied. CX was released to work 7/20/2000 and PAA's indicate that CX is capable of performing sedentary work. Per call to ER, CX's job does allow him to get up and walk around as needed. ERISA sent.

Lara D'Ambrosio - Case Manager

3/21/2001 Rec'd letter of appeal from attorney. No additional med provided. Attorney stated that additional med will be submitted and would like additional time to do so.

Referred to appeals team.

Lara D'Ambrosio - Case Manager

3/23/01 Reviewed file on appeal. CX had worked 6/5/00. First visit same day, AP to cx to stop work but no clinical findings on exam. CX released to RTW by another Dr 7/20 after EMG performed (showed L S1 > L5 radiculopathy). CX saw a variety of other physicians, most only once, for surgical opinions and consultation. None provided significant findings on exam. MRI shows mod-severe spondylosis L5-S1, mild impingement of the L5 nerve root and moderate stenosis L5-S1. CX has retained atty for appeal. Atty has not submitted any new information but says they will. PLAN - follow for additional information. Issue delay letter at 30 days, make decision at 60 if nothing else received.

JHoughton, Case Manager

4/12/01 Received another letter from atty requesting 60 more days for cx to submit medical information. Currently, info in file does not support that cx is disabled. I will decide at this time to uphold decision to deny claim. I will inform atty that although I have upheld decision, I will consider any information he will submit.

JHoughton, Case Manager

P. I. MANAGEMENT WORKSHEET		DATE: December 28, 2000	LTD
RCM:	Steve Mano	CLMNT: Steven Alfano	STD
TL:	Abbe Eyré	SS#: 099.44.9848	PW
CM:	Lora D'Ambrosio	P/H: Weill Medical College	
CPC:	Maria A. Casini	ACCT#: NYK 1972	
COMPLIANCE			
1. Acknowledge Receipt of Claim (10 Days)		Y	rec'd 12/7/00, ack'd 12/8/00
2. Alert Other Benefits (CA & OH)		n/a	
3. 30 Day Compliance			
1st Delay Sent?		n/a	first delay due by 1/6/01. This is a Saturday, please send prior
2nd Delay Sent?		n/a	
3rd Delay Sent?		n/a	
4th Delay Sent?		n/a	
5th Delay Sent?		n/a	
4. Communication Response (10 days)		n/a	
5. Denials (CA;IL;NH;AK;IN; NE;OH; etc.)		n/a	
Total Compliance Opportunities:		1	
Total C.J.'s:		0	
Case Manager Accountable:			
Team / Office Accountable:			
Summary/Comments:			
Compliance Checklist was on File			

JUL 24 2003 11:25AM CIGNA DALLAS

NO. 315 F. 1

Facsimile Transmission Cover SheetCIGNA Group Insurance
Life • Accident • Disability

Transmit to FAX number	Date	Time	Total number of pages (including this sheet)
212-439-6855	July 24, 2003	12:00 p.m.	4
<hr/>			
Name Dr. Michael Alexiades	Name Roberto Castellon		
Company	Department CIGNA Disability Management Solutions		
Phone 212-734-1288	Phone 1-800-352-0611 Extension 6688		
Address 159 E 74 St. New York, NY 10021	Address 12225 Greenville Avenue Suite 1000, LB 179 Dallas Texas 75243		
<hr/>			
Comments			
<hr/>			

RE: Steven Almano
DOB: 1/14/58

In order to evaluate your patient's eligibility for Long Term Disability benefits (e.g. lost wage income), we are in need of the following information:

- Copies of your progress notes, including diagnostic test and lab results, from 1/1/01 to the present.
- A completed Physical Abilities Assessment form (attached).

We ask that you kindly respond by 8/7/03 to avoid any delay in your patient's claim for lost wages.

Naturally, we will consider a reasonable charge for this medical information. Please include your tax identification number. If this request requires a pre-payment, please call me at the phone number above or fax (860-731-2907) a fee request to my attention.

Sincerely,

Roberto Castellon
Case Manager

CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your compliance.

Life Insurance Company of North America
Connecticut General Life Insurance Company
CIGNA Life Insurance Company of New York

Acknowledgment Requested

To Fax a reply, dial: 860-731-2287

MICHAEL M. ALEXIADES, M.D., P.C.
169 EAST 74TH
NEW YORK, N.Y. 10021
TELEPHONE (212) 734-1268

Alfano, Steven
Page 3

04/22/02 Mr. Steven Alfano returns with increasing pain in his left shoulder which previous MRI showed tendinopathy. In addition he is having some right anterolateral hip pain. Right shoulder is doing relatively well. We discussed options and he will consider a left shoulder arthroscopic procedure. In the interim we will get films of the right hip.

07/08/02 Mr. Steven Alfano returns post shoulder arthroscopy. Range of motion and strength are good. Plan: Continue rehab on his own. The patient will return for follow up in six weeks. At that point we will discuss his right hip and possible arthroscopy. He saw Dr. Springfield who has cleared the hip from an oncology point of view.

09/23/02 Mr. Steven Alfano returns post shoulder arthroscopy. Occasional AC joint discomfort but strength and range of motion are excellent. Plan: Continue exercise regimen. The patient will return for follow up in the future pm. He wished to discuss hip arthroscopy. The material risks, benefits and alternatives were discussed with the patient who understands and will decide.

03/24/02 Mr. Steven Alfano returns for follow up and his right hip anterolateral pain persists. Physical Examination is consistent with his labral tear. Plan: We discussed his options and he wishes to undergo arthroscopic hip surgery. The material risks, benefits and alternatives were discussed with the patient who understands and wishes to proceed.

04/24/03 Mr. Steven Alfano returns one week post arthroscopy. He has no pain; good motion. He is walking well. Wound are fine. Sutures are removed. Plan: Continue home exercise program. The patient will return for follow up in six weeks.

05/22/03 Mr. Steven Alfano returns for follow up and his hip is doing great. He has no complaints; good motion. Plan: The patient will return for follow up in the future pm.

MICHAEL M. ALEXIADES, M.D., P.C.
150 EAST 74TH
NEW YORK, N.Y. 10021
TELEPHONE (212) 734-1200

Alfano, Steven
Page 3

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07/08/02 Mr. Steven Alfano returns ~~post~~ shoulder arthroscopy. Range of motion and strength are good. Plan: Continue rehab on his own. The patient will return for follow up in six weeks. At that point we will discuss the right hip and possible arthroscopy. He saw Dr. Springfield who has cleared the hip from an orthopedic point of view.

09/23/02 Mr. Steven Alfano returns ~~post~~ shoulder arthroscopy. Occasional AC joint discomfort but strength and range of motion are excellent. Plan: Continue exercise regimen. The patient will return for follow up in the future. He wished to discuss hip arthroscopy. The material risks, benefits and alternatives were discussed with the patient who understands and will decide.

03/24/03 Mr. Steven Alfano returns for follow up and his right hip anterolateral pain persists. Physical Examination is consistent with his labral tear. Plan: We discussed his options and he wishes to undergo arthroscopic hip surgery. The material risks, benefits and alternatives were discussed with the patient who understands and wishes to proceed.

4/16/03: LBH "AMB"
4/16/03: SURGERY - RIGHT HIP ARTHROSCOPY, LABRECTOMY
DISCHARGED

MICHAEL M. ALEXIADES, M.D., P.C.
159 EAST 74TH STREET
NEW YORK, N.Y. 10021
TELEPHONE (212) 734-1280

Altano, Steven
Page 3

04/22/02

Mr. Steven Altano returns with increasing pain in his left shoulder which previous MRI showed tendonopathy. In addition he is having some right anterolateral hip pain. Right shoulder is doing relatively well. We discussed options and he will consider a left shoulder arthroscopic procedure. In the interim we will get films of the right hip.

6/13/02: LHH "AMB"

6/13/02: SURGERY - LEFT SHOULDER ARTHROSCOPIC DECOMPRESSION
AC RESECTION

DISCHARGED

MICHAEL M. ALEXIADES, M.D., P.C.
159 EAST 74TH STREET
NEW YORK, N.Y. 10021
TELEPHONE (212) 734-1288

Alfano, Steven
Page 2

06/05/00 Mr. Steven Alfano returns complaining of lumbar radiculopathy into the left leg for the last couple of weeks. It has gotten quite severe. He is taking Motrin with only minimal relief. Physical Examination reveals normal heel/toe/tandem gait; decreased range of motion of the LS spine; motor is 5 out of 5; reflexes are 1+ both knees, 2+ both ankles. Plan: We will get an MRI to evaluate for a herniated disc. He is unable at this point to work. We will discuss treatment options after the test.

07/31/00 Mr. Steven Alfano returns with persistent low back pain with occasional numbness in the left leg. He saw a neurologist who felt he had some nerve damage but did not justify surgery. However, his back pain is quite severe despite two epidural injections. He is neurologically intact today although he has difficulty with toe walking. Plan: My recommendation is that he see a spine surgeon for possible fusion at L5 - S1.

05/24/01 Mr. Steven Alfano returns for follow up with recurrent right shoulder pain for the last couple of months. He has been doing some weight training to try and build up his shoulder and that may have aggravated it. He has also been going to physical therapy for his back which has gotten worse. He is contemplating surgery with Dr. Farmer at The Hospital for Special Surgery. Physical Examination today is consistent with impingement. He has some crepitus on range of motion. After discussion the patient was injected with Lidocaine and Depo-Medrol. Plan: If symptoms recur we will get an MRI.

11/14/01 Mr. Steven Alfano returns for follow up. Shoulder MRI on the left shows inflammation but no tear. After discussion the patient was injected with Lidocaine and Depo-Medrol. Plan: We will see how he responds.

01/03/02 Mr. Steven Alfano returns for follow up and his left shoulder is doing well post injection. The right shoulder only did well for a few months and then the pain returned. Plan: We discussed his options and he wishes to undergo another arthroscopic decompression and lysis of adhesions and bursectomy. We will evaluate the previous repair to insure that it is intact. The material risks, benefits and alternatives were discussed with the patient who understands and agrees.

02/04/02 Mr. Steven Alfano returns for follow up post arthroscopic decompression/AC resection. Wounds are fine. Sutures are removed. Plan: Continue home exercise program. The patient will return for follow up in four weeks.

03/11/02 Mr. Steven Alfano returns and is doing well except for occasional discomfort over the AC joint. Strength is good. Plan: Start home strengthening program. The patient will return for follow up in six weeks.

MICHAEL M. ALEXIADES, M.D., P.C.
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TELEPHONE (212) 734-1280

Alfano, Steven

Page 2

06/05/00

Mr. Steven Alfano returns complaining of lumbar radiculopathy into the left leg for the last couple of weeks. It has gotten quite severe. He is taking Motrin with only minimal relief. Physical Examination reveals normal heel/toe/tandem gait; decreased range of motion of the LS spine; motor is 5 out of 5; reflexes are 1+ both knees, 2+ both ankles. Plan: We will get an MRI to evaluate for a herniated disc. He is unable at this point to work. We will discuss treatment options after the test.

07/31/00

Mr. Steven Alfano returns with persistent low back pain with occasional numbness in the left leg. He saw a neurologist who felt he had some nerve damage but did not justify surgery. However, his back pain is quite severe despite two epidural injections. He is neurologically intact today although he has difficulty with toe walking. Plan: My recommendation is that he see a spine surgeon for possible fusion at LS-5.

05/24/01

Mr. Steven Alfano returns for follow up with recurrent right shoulder pain for the last couple of months. He has been doing some weight training to try and build up his shoulder and that may have aggravated it. He has also been going to physical therapy for his back which has gotten worse. He is contemplating surgery with Dr. Farmer at The Hospital for Special Surgery. Physical Examination today is consistent with impingement. He has some crepitus on range of motion. After discussion the patient was injected with Lidocaine and Depo-Medrol. Plan: If symptoms recur we will get an MRI.

11/14/01

Mr. Steven Alfano returns for follow up. Shoulder MRI on the left shows inflammation but no tear. After discussion the patient was injected with Lidocaine and Depo-Medrol. Plan: We will see how he responds.

01/03/02

Mr. Steven Alfano returns for follow up and his left shoulder is doing well post injection. The right shoulder only did well for a few months and then the pain returned. Plan: We discussed his options and he wishes to undergo another arthroscopic decompression and lysis of adhesions and bursectomy. We will evaluate the previous repair to insure that it is intact. The material risks, benefits and alternatives were discussed with the patient who understands and agrees.

01/28/02: HSS "AMB"

01/28/02: SURGERY - RIGHT SHOULDER ARTHROSCOPIC DECOMPRESSION
DISCHARGED

Lenox Hill Hospital, New York City

OPERATIVE RECORD

Name ALFANO, STEVEN Date 4/16/03 Hist. No. 1404949

Service of DR. M. ALEXIADES Anesthetist: _____
Operator(s): DR. M. ALEXIADES Anesthesia: SPINAL
Assistant(s): DR. S. SIEGAL Duration of Oper.: _____

Preoperative Diagnosis: Right hip labral tear.

Postoperative Diagnosis: Same.

Operation: **RIGHT HIP ARTHROSCOPY AND LABRAL RESECTION.**

Description: (Incision, Findings, Technique, Sutures, Drains, Culture, Specimen)

Findings: The patient had an inverted labral tear.

Estimated blood loss: Minimal.

Complications: None.

Disposition: The patient was taken in stable condition to the post anesthesia care unit.

Procedure: The patient was brought to the operating room and induced under spinal anesthesia and general sedation. The right lower extremity was prepped and draped in the usual sterile fashion.

Using the fluoroscopy a spinal needle was placed intra-capsularly and the hip was distended with approximately 30 cc of air. The guide wire was placed over the spinal needle after the correct placement had been confirmed with AP and lateral views. A small stab wound was made over the guide wire in order to create the lateral portal. A series of 3 trocars were passed over the guide wire into the hip capsule. The cannula was then introduced over the 5.5 mm trocar and the camera was placed through the cannula. The hip was distracted manually and further distended with the arthroscopy fluid.

The interior of the hip was examined arthroscopically and the inverted labrum was seen freely mobile within the hip joint. Again, an anterior portal was created in a similar fashion under

Name ALFANO, STEPHON Date 4/16/03 Hist. 1404949

fluoroscopic guidance. Once the anterior cannula was visible through the lateral trocar the shaver was placed through the anterior portal in order to remove the soft tissue debris. The labrum was well visualized and resected using both the Oratec as well as the shaver device. Once the anterior portion of the labrum was fully resected we switched portals using the anterior portal as a viewing portal and the lateral portal as a working portal.

In a similar fashion the posterior portion of the labrum was resected and the joint was examined arthroscopically. There was minimal chondral damage noted. The labrum had been resected in its entirety. A final last look through the lateral portal confirmed this. The hip was irrigated with copious solution. 30 cc of 0.5% Marcaine was infused into the hip joint and the soft tissues of both the anterior and lateral portals. The portal sites were closed with #2-0 nylon sutures. A sterile dressing was applied.

The traction was released and the patient was transferred to a stretcher and to the recovery room in stable condition.

Dictated by DR. S. SIEGAL
For DR. M. ALEXIADES

SS/HMT32S/51438
D: 4/16/03
T: 4/17/03

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David A. Follett, M.D.
Keith S. Tolis, M.D.
William Loeffl, M.D.
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Scott R. Cox, M.D.
Karen B. Wagner, M.D.
Debra B. Keeler, M.D.
Shelley E. Werthman, M.D.
Peter Roubnas, M.D.

MICHAEL ALEXIADES, MD
159 EAST 74TH STREET
NEW YORK, NY 10021

Patient Name: STEVEN ALFANO
Date of Birth: 01/14/1958
Identification #: 139521
Accession Number: 140791
Exam Date: 03/24/2003

DEAR DR. ALEXIADES,

RADIOGRAPHS OF: The right hip.

HISTORY: Right hip pain. Evaluate for degenerative change.

FINDINGS: Radiographs of the right hip were obtained in multiple projections. The hip joint space is well-maintained, and the articular surfaces of the bony structures are smooth and normal. The bony structures visualized are seen to be normally mineralized, intact, with no sign of fracture, significant degenerative change, or other bony abnormality. There is no evidence of soft tissue swelling, joint space effusion, or any acute finding.

IMPRESSION: Essentially normal radiographs of the right hip, with no significant acute or chronic radiographic findings.

Thank you for referring this patient.

Electronically Signed By: DAVID FOLLETT, MD 03/24/2003

dfk
3/26

CT SCAN MULTIDETECTOR HEART SCAN VIRTUAL COLONOSCOPY	DIGITAL X-RAY FLUOROSCOPY	ULTRASOUND NDI	MRI/CTA OPEN MRI HIGHFIELD 1.5T	MAMMOGRAPHY BONE DENSITOMETRY	PET CT/IVR FUSION NUCLEAR MEDICINE RADIATION ONCOLOGY
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ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY • MRI • ULTRASOUND • MAMMOGRAPHY

Page 1 of 1

Lenox Hill Hospital, New York City

OPERATIVE RECORD

Name ALFANO, STEVEN Date 06/13/02 Hist. No. 1404949

Service of: DR. MICHAEL ALEXIADES Anesthetist:
Operator(s): DR. MICHAEL ALEXIADES Anesthesia:
Assistant(s): DR. PAUL S. DEGENFELDER Duration of Oper.:

Preoperative Diagnosis: Left shoulder impingement, acromioclavicular joint arthritis.

Postoperative Diagnosis: Same.

Operation: LEFT SHOULDER ARTHROSCOPY; SUBACROMIAL DECOMPRESSION;
ACROMIOCLAVICULAR JOINT RESECTION.

Description: (Incision, Findings, Technique, Sutures, Drains, Culture, Specimen)

Indications: This 44-year-old male was brought to the operating room where scalene block was introduced. The patient was positioned in the beachchair position and left lower extremity was prepped and draped in the usual sterile fashion. The glenohumeral joint was entered using standard posterior portal. Diagnostic arthroscopy performed. There was noted to be no rotator cuff tear or biceps or SLAP lesion. There was some fraying of the anterior labrum.

Next, the subacromial space was entered and the anterolateral portal was made. The 6.0 oval bur was used to do a subacromial decompression resecting a spur from the anterolateral portal. The scope was pushed to the anterolateral portal, and the bur was introduced posteriorly, and this was feathered back smooth with the posterior aspect of the acromion.

Next, using the Arthrocure wand, the soft tissues were debrided from the AC joint and the anteromedial portal was made in line with the AC joint. Using the 6.5 bur, the distal clavicle resected was approximately 9 mm. This was carried out anterior to posterior, inferior to superior. This was confirmed by switching the arthroscope to the anteromedial portal.

Once this was accomplished, the subacromial space was irrigated with normal saline. All instruments were removed. The skin was closed using #4-0 nylon simple sutures. Xeroform and sterile dressing were applied followed by a sling. The patient was transferred to the stretcher

Name ALFANO, STEVEN

Date 06/13/02

Hist. No. 1404949

taken to the recovery room where he was noted to be in stable condition having tolerated the procedure well.

There were no complications. Findings were as noted above with large anterior subacromial spur. Dr. Alexiades was present through the entire procedure.

Dictated by DR. PAUL S. DEGENFELDER
For DR. MICHAEL ALEXIADES

PD/HMT322/32998

D: 06/13/02

T: 06/14/02

THE
HOSPITAL
FOR
SPECIAL
SURGERY

535 East 70th Street
New York, N.Y. 10021

**DEPARTMENT OF
RADIOLOGY
AND IMAGING**

Patient Name **ALFANO, STEVEN A** Location **DIS**
Ordering Physician **ALEXIADES, MICHAEL M**
Adm/Reg Physician **ALEXIADES, MICHAEL M**
Consulting Physician
Medical Record # **689443** Date of Birth **01/14/58** Age **44Y**

Check-in Date: 04/30/02 0734

Check-in Date: 01/30/02 07:51
Chk-in #: Order Exam
965650 0001 0513 MRI LOW EXTREMITY - RT JOINT
Ord Diag: 719.45-JOINT PAIN-PELVIS

Page 11

JED

MRI of the right hip:

Magnetic resonance imaging of the right hip was performed utilizing coronal fast inversion recovery followed by coronal, sagittal and axial fast spin echo techniques.

There is no stress fracture, transient marrow ischemia or frank osteonecrosis. No trochanteric bursitis is seen.

Surface coil images of the right hip, slightly degraded due to motion, demonstrate partial thickness cartilage loss in the immediate suprafoveal portion of the femoral head without displaced surface flap or exposure down to subchondral bone. Mild superficial chondromalacia of the posterosuperior margin of the acetabulum is seen with additional mild wear over the anterolateral margin of the dome.

There is a torn degenerated anterior acetabular labrum without associated ganglion cyst formation. Borderline acetabular dysplasia is noted. There is no inflammatory synovitis.

hip abductors appear preserved. Iliopsoas tendon also appears intact.

Intrapelvically, there is no bulky pelvic adenopathy. Fat-filled inguinal hernias are noted. There is marrow replacement process affecting the proximal left femur with foci of cystic signal

ALEXIADES, MICHAEL M
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THE
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535 East 70th Street
New York, N.Y. 10021

DEPARTMENT OF
RADIOLOGY
AND IMAGING

Patient Name ALEPANO, STEVEN A	Location DIS
Ordering Physician ALEXIADES, MICHAEL M	
Adm/Reg Physician ALEXIADES, MICHAEL M	
Consulting Physician	
Medical Record # 689443	Date of Birth 01/14/58
	Age 44Y

Checkin-Exam Code Summary
965650-0613

(Continued) Page 2

hyperintensity as well as relatively hypointensity. There is cortical expansion. Differential possibilities include remnant of cystic fibrous dysplasia, or possibility of a previously treated unicameral bone cyst. This area may be more comprehensively studied with surface coil images when clinically warranted. There is no pathologic fracture and the lesion overall has a nonaggressive appearance.

Impression:

Magnetic resonance imaging of the right hip demonstrating superficial cartilage loss over the hip joint, borderline acetabular dysplasia and a torn, hyperplastic and degenerated anterior acetabular labrum.

There is a marrow replacement process affecting the left femur which overall has a nonaggressive appearance. Differential possibilities are noted, as above.

ICD 9 Code: 843. 8

/Dictated by/ HOLLIS POTTER M.D.
/Personally Viewed & Interpreted by/ HOLLIS POTTER
/Agreed with/Edited Report by/ HOLLIS POTTER M.D.

JED 04/30/02 1637
04/30/02 1835

4/30/02
1637
1835
re: agreement
CHUBB

4/4/02
2/15-8166

ALEXIADES, MICHAEL M
159 EAST 74TH ST

FINAL

NEW YORK NY 10021

MANHATTAN DIAGNOSTIC RADIOLOGY



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Morton Jacobs, MD
Dona Hertz, MD

Craig H. Sherman, MD
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203 East 60th Street, New York, NY 10021
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8982AAAAA

May 6, 2002

Michael M. Alexiades, M.D.
159 East 74th Street
New York, New York 10021

Dear Dr. Alexiades,

Re: ALFANO, Steven

EXAMINATION OF THE RIGHT HIP with AP view of the PELVIS shows normal width of the right hip joint and well rounded femoral head. No bone lesion, productive change, periarticular calcification, bone lesion or fracture is identified in the right hip.

The PELVIC film shows slight asymmetry of the pelvis due to slight rotation. The left proximal femur shows a large bony lesion.

EXAMINATION OF THE LEFT HIP AND PROXIMAL FEMUR shows a sharply defined 13.5 x 6.5 x 5.5 cm multi-loculated lucent lesion extending from the mid femoral neck into the proximal femoral shaft and slightly expanding the bone. There are multiple punctate, small, rounded and linear calcifications within the lesion, compatible with a chondral lesion. There is no dense sclerotic rim. Adjacent cortex is well maintained with no focal cortical thinning or cortical break. There is no periosteal reaction. The soft tissues around the femur show no soft tissue calcification. The left hip joint appears normal and the femoral head is well rounded with normal texture. Very small apron osteophyte is present, consistent with a mild degenerative change.

IMPRESSION: Large non-aggressive bony lesion expands and remodels the proximal femur from the femoral neck through the proximal shaft and has matrix calcification, compatible with a chondral lesion. Bone Scan is recommended to assess activity of the lesion. Chondrosarcoma is in the differential.

Thank you for referring this patient to us.

Very truly yours,

L. Daniel Neistadt, M.D.

LDN/nn
05/07/02
PM

917-597-6049
Refer to bone film
Specimen

PET • MRI • CT • Nuclear Medicine • Ultrasound • Mammography • Bone Densitometry • X Ray • Biopsy

COPY

THE HOSPITAL FOR SPECIAL SURGERY
OPERATIVE RECORD

Patient Name: ALFANO, STEVENDate: 1/28/2002

Service:

MR# 689443

ATTENDING SURGEON: M. ALEXIADES, M.D.
OPERATING SURGEON: M. ALEXIADES, M.D.
ASSISTANT: KRISTEN WARNER, M.D.
PRELIMINARY DIAGNOSIS: IMPINGEMENT RIGHT SHOULDER AND ARTHROFIBROSIS RIGHT SHOULDER.
POSTOPERATIVE DIAGNOSIS: IMPINGEMENT RIGHT SHOULDER AND ARTHROFIBROSIS RIGHT SHOULDER.
NAME OF OPERATION: RIGHT SHOULDER ARTHROSCOPIC DECOMPRESSION, DISTAL CLAVICLELECTOMY, BURSECTOMY AND LYSIS OF SUBACROMIAL ADHESIONS.
ANESTHESIA: REGIONAL.
ANESTHESIOLOGIST: BRAD CARSON, M.D.

PROCEDURE:

Once the regional anesthesia was administered, the right shoulder was prepped and draped in the usual fashion, after the patient was placed in the beach chair position.

After the shoulder was prepped and draped, the posterior portal incision was made and the arthroscope was placed into the glenohumeral joint. The glenohumeral joint revealed normal articular surfaces, intact anterior labrum, intact ligamentous structures. The articular surfaces were intact. There were no loose bodies. Examination of the biceps tendon revealed it to be intact. Examination of the rotator cuff, supra and infraspinatus, revealed these to be intact.

At this point, the arthroscope was placed into the subacromial space. There was

**THE HOSPITAL FOR SPECIAL SURGERY
OPERATIVE RECORD**

Patient Name: ALFANO, STEVEN Date: 1/28/2002 Service: MRN: 689443

a great deal of bursal tissue present and multiple adhesions, particularly in the region of the acromioclavicular joint. The examination of the superior portion of the cuff, after a bursectomy was performed, by anterolateral portal incision, using the shaver, revealed the rotator cuff to be intact.

There was regrowth of the anterior subacromial spurting as well as medially along the acromioclavicular joint. Utilizing the ArthriCare the soft tissue was resected off of the undersurface of the acromion and the acromion was resected along its undersurface forming a type I acromion using a cutting block technique. Once the subacromial space was adequately decompressed, attention was paid to the acromioclavicular joint.

Using an anterior portal and the ArthriCare, the capsule of the acromioclavicular joint was resected. The distal clavicle was then resected back a distance of approximately 1 cm using a 6.0 oval bur. Once the distal clavicle was resected appropriately, the shoulder was thoroughly irrigated and drained.

The wounds were closed using 4-0 nylon sutures, Xeroform and sterile dressings were applied. The patient was placed in the sling and was taken to the Recovery Room in stable condition.

CC: M. ALEXIADES, M.D.

"

M. ALEXIADES, M.D. DATE _____

Dictated by: M. ALEXIADES, M.D.
Dict Date: 1/28/2002 Typed by: PMC/pw/24921 Trans Date: 01/29/2002

FINAL Surgical Report for ALFANO, STEVEN A (S2002-000870)

The Hospital for Special Surgery
Department of Orthopedic Pathology

535 East 70th Street
New York, NY 10021Peter G. Bullough, M.D., Director
(212) 606-1341

PATHOLOGY CONSULTATION REPORT

Case Number: S2002-000870

Patient Name: ALFANO, STEVEN A
Date of Birth: 01 14 1958
Sex: M Age: 44
Location: AMS

Medical Record #: 689443
Account Number: 72505271
Accession Date: 01 29 2002
Operative Date: 01 28 2002

Pathologist: EDWARD F. DICARLO M.D.

Physicians

MICHAEL M ALEXIADES

Clinical Information

Right shoulder impingement

OPERATION PERFORMED: Right shoulder arthroscopy, acromioplasty, distal AC joint resection, decompression

Final Anatomic Diagnosis

JOINT, SHOULDER, SHAVINGS, RIGHT

Degenerative and Proliferative Changes, consistent with Chronic Traumatic Injury

(etc)

Gross Anatomic Description

Specimen Label: Shavings right shoulder

In formalin: The specimen is present in a white fabric sac and consists of multiple pieces of gritty tan soft tissue measuring in aggregate approximately 3 x 3 x 3 cm in greatest dimension. A representative sample is submitted.
(EPO/r)

Material Submitted

Description	Desig.	Type	Count
Undesignated	U	STR	1

Microscopic Description

The section is of multiple fragments of predominantly capsular tissue intermixed with bony debris and skeletal muscle. The capsular tissue shows fibrosis with focal chondroid degeneration at soft tissue/bony attachment sites. A small amount of synovium shows slight hyperplasia and slight fibrosis.

EDWARD F. DICARLO M.D.
(Signed out 01 30 2002)

01/30/02

1 of 1

MICHAEL M ALEXIADES copy

PATHOLOGY REPORT

2002-01-18 09:58 AM 6580-770090-1-47

NO.131 P.2

Final

01/18/02 6580 770090 CHEST PA AND LATERAL

Ordered: 01/18/2002 Location: COMPRH CARE-614
Order time: 0957

Name: ALFANO, STEVEN

MRN: (00000)002204147

Age: 44 YES Sex: M DOB: 01/14/58

Admitting M.D.: RORCH, KEITH W. MD

Exam Ordered: Order M.D.

CH PA/LAT RORCH, KEITH W. MD

RADIOLOGY REPORT.

EXAM DATE: Accession #:
01/18/02 01-RA-02-006580

FINDINGS:

CHEST PA and LATERAL

FINDINGS:

The heart and mediastinum are normal in shape and density.
The lungs are clear. The pulmonary vessels are normal.
The chest wall and pleura are normal.

IMPRESSION:

IMPRESSION:
Normal radiographic examination of the thorax.

Code: V72.5

HISTORY: Preoperative examination.

Study interpreted and report approved by: Gordon Gamsu M.D.

Electronically signed Diagnostic Imaging Report

/ 18JAN2002/ GG

Exam start / sign-off / Transcription initials.

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MICHAEL ALEXIADES, MD

Patient: ALFANO, STEVEN

ID: 139521

200110216241395211

MRI LEFT SHOULDER 11/1/01

An MRI examination of the left shoulder was performed using oblique coronal proton density and T2 fat suppression, oblique sagittal T1 and FSE T2 fat suppression, and axial T2 * sequences.

The osseous structures comprising the left shoulder demonstrate normal marrow signal. There is mild degenerative change in the acromioclavicular joint, with only minimal spurring noted at the undersurface. The acromion is slopes laterally downwards, and there is a broad-based small-to-moderate subacromial enthesophyte at the point of attachment of the coracoacromial ligament. There is evidence of significant focal narrowing of the acromiobohemeral space along the lateral margin of the acromion. Mild inflammatory change is noted in the underlying subacromial/subdeltoid bursa. No definite full-thickness rotator cuff tear seen, however. The bursal surface of the distal supraspinatus tendon has a fibrillated margin. The infraspinatus, teres minor, subscapularis and long biceps tendons are all intact. There is no joint effusion. There is no evidence of labral detachment.

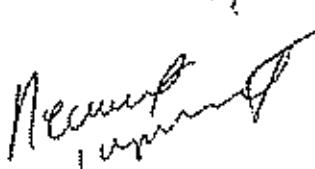
IMPRESSION:

1. Hypertrophic changes of the acromion, as described above.
2. Mild inflammatory change in the underlying subacromial/subdeltoid bursa.
3. Study negative for full-thickness rotator cuff tear. There is irregularity of the bursal surface of the supraspinatus tendon.

Thank you for referring this patient.

Electronically Signed By: Keith Tobin, MD

11/1/01



MRI	CAT SCAN	ULTRASOUND	NUCLEAR	PET
MICROFIELD 1.5T • MID FIELD • OPEN MRI	HELICAL	NDT	MEDICINE	
GENERAL X-RAY	FLUOROSCOPY	MAMMOGRAPHY	BONE DENSITOMETRY	
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Page 1 of 1
Carroll Donoghue, M.D.
Eric Edenschenk, M.D.
David A. Feffer, M.D.

William Louis, M.D.
Keith S. Tobin, M.D.
Lynn Ledetsky, M.D.
Scott R. Germ, M.D.

JAMES C FARMER, MD

Patient: ALFANO, STEVEN

ID: 139521 20010817551501395211

MRI OF THE LUMBAR SPINE 8/18/01

Sagittal and coronal proton density, sagittal T1 and T2 FSE weighted images of the lumbar spine with axial proton density weighted images of L1-2 through L5-S1 were obtained on a 1.5 Tesla MRI unit. 43 year-old with chronic low back pain and bilateral radiculopathy. Comparison is made to report of prior study 6/9/00.

There is normal lumbar lordosis and alignment. There are no fractures or subluxations. There is moderate-to-severe L5-S1 spondylosis with disc space narrowing, disc desiccation, degenerative type II end-plate marrow change and vacuum disc phenomena. The remaining lumbar intervertebral discs are normal. There are no destructive marrow processes. Small, typical heterangiomas are seen within the L4 and L5 vertebral bodies. The conus medullaris is at the approximate L1-2 level. There are no abnormalities of the distal thoracic spinal cord or conus medullaris. There are no intraspinal mass lesions. The paraspinal soft tissues are grossly normal. At L1-2 through L3-4, there are no disc protrusions, significant disc bulges spinal stenosis or neural foraminal narrowing.

At L4-5, there is minimal annular disc bulge and moderate facet osteoarthritis. There are well developed pedicles and mild spinal stenosis. There is also mild narrowing of both neural foramina. This shows slight interval increase.

At L5-S1, there is a prominent posterior disc osteophyte complex impinging upon the anterior thecal sac causing moderate spinal stenosis. This disc osteophytic complex measures 8 mm cephalocaudad x 7 mm AP x 20 mm transverse dimension. This has shown slight interval increase in size by report. However direct comparison to prior study is suggested for interval change. There is moderate facet osteoarthritis and mild moderate left sided neural foraminal narrowing.

IMPRESSION:

1. MODERATE-TO-SEVERE L5-S1 SPONDYLOYSIS.
2. POSTERIOR DISC OSTEOPHYTE COMPLEX AT L5-S1 CAUSING MODERATE SPINAL STENOSIS.
3. MILD L4-5 SPINAL STENOSIS.

Thank you for referring this patient.

Electronically Signed By: William Louis, MD

8/20/01

MRI	CAT SCAN	ULTRASOUND	NUCLEAR MEDICINE	PET
HIGHFIELD 1.5T • MID FIELD • OPEN MRI	HELICAL	TDI		
GENERAL X-RAY	FLUOROSCOPY	MAMMOGRAPHY	BONE DENSITOMETRY	
ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY				
MRI • ULTRASOUND • MAMMOGRAPHY				

LENOX HILL RADIOLOGY & MEDICAL IMAGING ASSOCIATES P.C.

61 East 77th Street
New York, NY 10021
TEL: 212-772-3111
FAX: 212-288-1637
FAX: 212-861-1796
www.lenoxhillradiology.com

Page 1 of 1
Carmel Donovan, M.D.
Erich Eidensohn, M.D.
David A. Follett, M.D.

William Louis, M.D.
Keith S. Tobin, M.D.
Lynn Ladetsky, M.D.
Scott R. Getz, M.D.

MICHAEL ALEXIADES, MD

Patient: ALFANO, STEVEN

ID: 139521 20011012347841395211

MRI RIGHT SHOULDER 10/12/01

An MRI examination of the right shoulder was performed using oblique coronal proton density and T2 fat suppression, oblique sagittal T1 and FSE T2 fat suppression, and axial T2 fat-suppression and T2 * sequences.

The osseous structures comprising the right shoulder demonstrate normal marrow signal. There is evidence of prior acromioplasty procedure. The acromial remnant is noted to slope laterally downward, and there is a small broad-based subacromial enthesophyte at the point where the coracoacromial ligament attaches. These changes appear to cause some focal narrowing of the acromohumeral space. A fluid collection occupies the subacromial/subdeltoid bursa, appearance consistent with bursitis in the moderate range. No definite full-thickness rotator cuff tear is seen distally. There is evidence of some tendinosis of the supraspinatus tendon, and the bursal surface of the tendon appears markedly fibrillated in contour. The infraspinatus, teres minor, subscapularis and long biceps tendons are intact. There is no joint effusion. There is evidence of a small focal defect in the inferior-posterior corner of the labrum; an associated small cluster of perilabral cysts is noted at the site. The remainder of the labrum appears intact.

IMPRESSION:

1. Study negative for full-thickness rotator cuff tear. There is evidence of tendinosis in the distal supraspinatus tendon, and the bursal surface of the tendon appears frayed.
2. Hypertrophic changes of the acromial remnant, as described above.
3. Subacromial/subdeltoid bursitis in the moderate range.
4. Evidence of a focal inferior-posterior labral tear with associated cluster of tiny perilabral cysts.

10/15
XMAS
+ ring finger

Thank you for referring this patient.
Electronically Signed By: Keith Tobin, MD

10/12/01

MRI	CAT SCAN	ULTRASOUND	NUCLEAR	PET
HIGHFIELD 1.5T - MID FIELD - OPEN MRI	HELICAL	HDI	MEDICINE	
GENERAL X-RAY	FLUOROSCOPY	MAMMOGRAPHY	BONE DENSITOMETRY	
ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY				

Lenox Hill Hospital, New York City

OPERATIVE RECORD

Name ALFANO, STEVEN Date 06/13/02 Hist. No. 1404949

Service of: DR. MICHAEL ALEXIADES Anesthetist:
Operator(s): DR. MICHAEL ALEXIADES Anesthesia:
Assistant(s): DR. PAUL S. DEGENFELDER Duration of Oper.:

Preoperative Diagnosis: Left shoulder impingement, acromioclavicular joint arthritis.

Postoperative Diagnosis: Same.

Operation: LEFT SHOULDER ARTHROSCOPY; SUBACROMIAL DECOMPRESSION;
ACROMIOCLAVICULAR JOINT RESECTION.

Description: (Incision, Findings, Technique, Sutures, Drains, Culture, Specimen)

Indications: This 44-year-old male was brought to the operating room where scalene block was introduced. The patient was positioned in the beachchair position and left lower extremity was prepped and draped in the usual sterile fashion. The glenohumeral joint was entered using standard posterior portal. Diagnostic arthroscopy performed. There was noted to be no rotator cuff tear or biceps or SLAP lesion. There was some fraying of the anterior labrum.

Next, the subacromial space was entered and the anterolateral portal was made. The 6.0 oval bur was used to do a subacromial decompression resecting a spur from the anterolateral portal. The scope was pushed to the anterolateral portal, and the bur was introduced posteriorly, and this was feathered back smooth with the posterior aspect of the acromion.

Next, using the Arthrocure wand, the soft tissues were debrided from the AC joint and the anteromedial portal was made in line with the AC joint. Using the 6.5 bur, the distal clavicle resected was approximately 9 mm. This was carried out anterior to posterior, inferior to superior. This was confirmed by switching the arthroscope to the anteromedial portal.

Once this was accomplished, the subacromial space was irrigated with normal saline. All instruments were removed. The skin was closed using #4-0 nylon simple sutures. Xeroform and sterile dressing were applied followed by a sling. The patient was transferred to the stretcher

Name ALFANO, STEVEN

Date 06/13/02

Hist. No. J404949

taken to the recovery room where he was noted to be in stable condition having tolerated the procedure well.

There were no complications. Findings were as noted above with large anterior subacromial spur. Dr. Alexiades was present through the entire procedure.

Dictated by DR. PAUL S. DEGENFELDER
For DR. MICHAEL ALEXIADES

PD/HMT322/32998

D: 06/13/02

T: 06/14/02

Lenox Hill Hospital, New York City

OPERATIVE RECORD

Name ALEANO, STEVEN Date 4/16/03 Hist. No. 1404949

Service of DR. M. ALEXIADES Anesthetist:
Operator(s): DR. M. ALEXIADES Anesthesia: SPINAL
Assistant(s): DR. S. SIEGAL Duration of Oper.:

Preoperative Diagnosis: Right hip labral tear.

Postoperative Diagnosis: Same.

Operation: **RIGHT HIP ARTHROSCOPY AND LABRAL RESECTION.**

Description: (Incision, Findings, Technique, Sutures, Drains, Culture, Specimen)

Findings: The patient had an inverted labral tear.

Estimated blood loss: Minimal.

Complications: None.

Disposition: The patient was taken in stable condition to the post anesthesia care unit.

Procedure: The patient was brought to the operating room and induced under spinal anesthesia and general sedation. The right lower extremity was prepped and draped in the usual sterile fashion.

Using the fluoroscopy a spinal needle was placed intra-capsularly and the hip was distended with approximately 30 cc of air. The guide wire was placed over the spinal needle after the correct placement had been confirmed with AP and lateral views. A small stab wound was made over the guide wire in order to create the lateral portal. A series of 3 trocars were passed over the guide wire into the hip capsule. The cannula was then introduced over the 5.5 mm trocar and the camera was placed through the cannula. The hip was distracted manually and further distended with the arthroscopy fluid.

The interior of the hip was examined arthroscopically and the inverted labrum was seen freely mobile within the hip joint. Again, an anterior portal was created in a similar fashion under

• Name ALFANO, STEPHEN Date 4/16/03 Hist. # 1404949

fluoroscopic guidance. Once the anterior cannula was visible through the lateral trocar the shaver was placed through the anterior portal in order to remove the soft tissue debris. The labrum was well visualized and resected using both the Oratec as well as the shaver device. Once the anterior portion of the labrum was fully resected we switched portals using the anterior portal as a viewing portal and the lateral portal as a working portal.

In a similar fashion the posterior portion of the labrum was resected and the joint was examined arthroscopically. There was minimal chondral damage noted. The labrum had been resected in its entirety. A final last look through the lateral portal confirmed this. The hip was irrigated with copious solution. 30 cc of 0.5% Marcaine was infused into the hip joint and the soft tissues of both the anterior and lateral portals. The portal sites were closed with #2-0 nylon sutures. A sterile dressing was applied.

The traction was released and the patient was transferred to a stretcher and to the recovery room in stable condition.

Dictated by DR. S. SIEGAL
For DR. M. ALEXIADES

SS/HMT32S/S1438
D: 4/16/03
T: 4/17/03



C10440-0373

5.38.0p

Roberto Castellon
Senior Case Manager
CIGNA Disability Management Solutions



CIGNA Group Insurance
Life · Accident · Disability

July 13, 2004

Routing 2128
12225 Greenville Avenue
Suite 1000 LB 179
Dallas, TX 75243-9362
Telephone 1-800-352-0611
Extension 56081
Facsimile 860-731-2907
Roberto.Castellon@Cigna.Com

STEVEN ALFANO
3800 WALDO AVENUE, APT. 13-G
BRONX, NY. 10463

Claimant: Steven Alfano
Policyholder: Weill Medical College
Policy No: NYK 1972
Underwriting Company: Life Insurance Company of North America

Dear Mr. Alfano:

This letter is in reference to the above-mentioned claim for long term disability benefits.

Please fully complete the enclosed Disability Questionnaire & Activities of Daily Living form and return it to this office along with the signed authorization within 14 days of receipt of this letter. Please see that your response is returned to this office by July 27, 2004. Also, please submit a copy of your current driver's license or identification card.

Should you have any questions concerning this matter, please do not hesitate to contact this office.

Sincerely,

Roberto Castellon
Senior Case Manager

CIGNA Group Insurance products and services are provided exclusively by underwriting subsidiaries of CIGNA Corporation, including Life Insurance Company of North America, CIGNA Life Insurance Company of New York, and Commercial Life Insurance Company. "CIGNA" is used to refer to these subsidiaries and is a registered service mark.

Roberto A. Castellon
Senior Case Manager
CIGNA Disability Management Solutions



July 12, 2004

Steven Alfano
3800 Waldo Avenue, Apt. 13-G
Bronx, NY 10463

Routing 18179
12229 Greenville Avenue
Dallas, TX 75243
Telephone (800) 352-0611 Ext.
5608
Facsimile (800)731-2907
Roberto.Castellon@CIGNA.com

Claimant: Steven Alfano
Date of Birth: 01/14/58
Policy No: NYK 1972
Policyholder: Weill Medical College

Dear Mr. Alfano:

This letter is in regard to your Long Term Disability claim.

Your policy has the following provision:

COST OF LIVING ADJUSTMENT

On January 1, any Employee who is entitled to receive a monthly Benefit and has been disabled for 12 months following the end of the Benefit Waiting Period will be eligible for a Cost of Living Adjustment. The Monthly Benefit payable to him, beginning with the month of January, will be increased by 3%.

The Cost of Living Adjustment will be determined on each January 1 until a total of 5 annual adjustments have been made. This adjustment will not be subject to the overall maximum Monthly Benefit.

Under separate cover, you will receive a check in the amount of \$6,866.93, for the period of 1/1/2002 through 7/2/2004. We have recalculated your disability benefits since no COLA adjustment had been applied to your benefit. A copy of your benefits recalculations is enclosed for your review.

If you have any questions, please feel free to contact me at (800) 352-0611 ext. 5608.

Sincerely,

Roberto Castellon
Sr. Case Manager

"CIGNA" and "CIGNA Group Insurance" are registered service marks and refer to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Life Insurance Company of North America, CIGNA Health Insurance Company of New York, and Cigna Life and Casualty Company.

Disability Benefit Adjustment						Version Date: 10/01/03
Date: 7/1/2008			Policyholder: Well Medical College			
Claimant Name: Steven Alibio			Policy Number: 109K 1072			
Minimum Benefits						
Reason for Adjustment:		COLA Adjustment				
What Has Been Paid			Corrected Payments			
Gross Benefit: \$1,000.00 Other Benefits: Soc. Sec. Fam. Soc. Sec. ETICA Tax Year: 2002			Gross Benefit: \$1,000.00 Other Benefits: Soc. Sec. Fam. Soc. Sec. ETICA Tax Year: 2002			
Net Benefit: \$1,000.00 Xmt Amount: \$22,650.00 - FICA: \$0.00 - FIT: \$0.00 Payment Amount: \$1,000.00			Net Benefit: \$1,000.00 Xmt Amount: \$22,650.00 - FICA: \$0.00 - FIT: \$0.00 Payment Amount: \$1,000.00			
Gross Benefit: \$1,000.00 Other Benefits: Soc. Sec. Fam. Soc. Sec. Tax Year: 2003			Gross Benefit: \$1,000.00 Other Benefits: Soc. Sec. Fam. Soc. Sec. Tax Year: 2003			
Net Benefit: \$1,000.00 Xmt Amount: \$22,650.00 - FICA: \$0.00 - FIT: \$0.00 Payment Amount: \$1,000.00			Net Benefit: \$1,000.00 Xmt Amount: \$22,650.00 - FICA: \$0.00 - FIT: \$0.00 Payment Amount: \$1,000.00			
Gross Benefit: \$1,000.00 Other Benefits: Soc. Sec. Fam. Soc. Sec. Tax Year: 2004			Gross Benefit: \$1,000.00 Other Benefits: Soc. Sec. Fam. Soc. Sec. Tax Year: 2004			
Net Benefit: \$1,000.00 Xmt Amount: \$11,320.00 - FICA: \$0.00 - FIT: \$0.00 Payment Amount: \$1,000.00			Net Benefit: \$1,000.00 Xmt Amount: \$11,320.00 - FICA: \$0.00 - FIT: \$0.00 Payment Amount: \$1,000.00			
Gross Benefit: \$1,000.00 Other Benefits: Soc. Sec. Fam. Soc. Sec. Tax Year: 2005			Gross Benefit: \$1,000.00 Other Benefits: Soc. Sec. Fam. Soc. Sec. Tax Year: 2005			
Net Benefit: \$1,000.00 Xmt Amount: \$11,320.00 - FICA: \$0.00 - FIT: \$0.00 Payment Amount: \$1,000.00			Net Benefit: \$1,000.00 Xmt Amount: \$11,320.00 - FICA: \$0.00 - FIT: \$0.00 Payment Amount: \$1,000.00			
Gross Benefit: \$1,000.00 Other Benefits: Soc. Sec. Fam. Soc. Sec. Tax Year: 2006			Gross Benefit: \$1,000.00 Other Benefits: Soc. Sec. Fam. Soc. Sec. Tax Year: 2006			
Net Benefit: \$1,000.00 Xmt Amount: \$11,320.00 - FICA: \$0.00 - FIT: \$0.00 Payment Amount: \$1,000.00			Net Benefit: \$1,000.00 Xmt Amount: \$11,320.00 - FICA: \$0.00 - FIT: \$0.00 Payment Amount: \$1,000.00			
Gross Benefit: \$1,000.00 Other Benefits: Soc. Sec. Fam. Soc. Sec. Tax Year: 2007			Gross Benefit: \$1,000.00 Other Benefits: Soc. Sec. Fam. Soc. Sec. Tax Year: 2007			
Net Benefit: \$1,000.00 Xmt Amount: \$11,320.00 - FICA: \$0.00 - FIT: \$0.00 Payment Amount: \$1,000.00			Net Benefit: \$1,000.00 Xmt Amount: \$11,320.00 - FICA: \$0.00 - FIT: \$0.00 Payment Amount: \$1,000.00			
Gross Benefit: \$1,000.00 Other Benefits: Soc. Sec. Fam. Soc. Sec. Tax Year: 2008			Gross Benefit: \$1,000.00 Other Benefits: Soc. Sec. Fam. Soc. Sec. Tax Year: 2008			
Net Benefit: \$1,000.00 Xmt Amount: \$11,320.00 - FICA: \$0.00 - FIT: \$0.00 Payment Amount: \$1,000.00			Net Benefit: \$1,000.00 Xmt Amount: \$11,320.00 - FICA: \$0.00 - FIT: \$0.00 Payment Amount: \$1,000.00			

Whether been Paid		Corrected Payments	
Total		Total	
Benefits Paid	\$56,775.49	Corrected Benefits	\$62,642.47
FICA Withheld	\$0.00	Corrected FICA	\$0.00
ITC Withheld	\$0.00	Corrected ITC	\$0.00
Total of all payments	\$56,775.49	Total of Corrected Payments	\$62,642.47
Underpayment Totals:			
Case Manager: <u>Robert Coston</u>	Chk# for Attorney Fees (if Applicable):		
Phone Number: <u>312-801-6002</u>	Underpayment Total:	\$6,866.98	
Claim Office: <u>Roanoke</u>		\$0.00	
		\$0.00	

COLA ADJ. 1/1/02 - 7/2/04

Gross Benefit = \$ 4153.32

COLA = 3% up to 5 yrs.

1/1/02 - 12/31/02

$$\$4153.32 \times 3\% = \$124.60$$

$$4153.32 + 124.60 = \$4277.92 \text{ - New benefit amount}$$

1/1/03 - 12/31/03

$$\$4277.92 \times 3\% = \$128.34$$

$$4277.92 + 128.34 = \$4406.26 \text{ - new benefit amt}$$

1/1/04 - 7/2/04

$$\$4406.26 \times 3\% = \$132.19$$

$$4406.26 + 132.19 = \$4538.45 \text{ - new benefit amt.}$$

09/05/03 00:52pm P. 001

Michael M. Alexiades, M.D., P.C.

159 East 74th Street
New York, NY 10021

(212) 734-1288

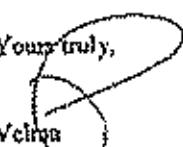
August 5, 2003

RE: Steven Alfano

To Whom It May Concern:

Please be advised that a disability and physical capabilities form has come to my attention. The fee for this form is \$50.00. Please be advised that once payment is received the form will be returned to you as soon as possible.

Your truly,


Velma
Secretary to
Michael M. Alexiades, M.D.

MM/A:wjp

TAX ID# 13-3517927

paid \$50.00
FAC 8/6/03

06/16/03 00:02am P. 002

JUL 24, 2003 11:25AM CIGNA DALLAS

NO. 315 P. 1

Facsimile Transmission Cover SheetCIGNA Group Insurance
Life • Accident • Disability

To/Fax to FAX number	Date	Time	Total number of pages including this sheet
212-439-6855	July 24, 2003	12:00 p.m.	1

Name Dr. Michael Alexiades	Name Roberto Castellon
Company	Department CIGNA Disability Management Solutions
Phone 212-734-1288	Phone 1-800-252-0611 Extension 5608
Address 159 E 74 St, New York, NY 10021	Address 12225 Greenville Avenue Suite 1000, LB 179 Dallas Texas 75243

Comments
R& Steven Altano DOB: 1/14/58

In order to evaluate your patient's eligibility for Long Term Disability benefits (e.g. lost wage income), we are in need of the following information:

- Copies of your progress notes, including diagnostic test and lab results, from 1/1/01 to the present.
- A completed Physical Abilities Assessment form (attached).

We ask that you kindly respond by 8/7/03 to avoid any delay in your patient's claim for lost wages.

Naturally, we will consider a reasonable charge for this medical information. Please include your tax identification number. If this request requires a pre-payment, please call me at the phone number above or fax (860-731-2907) a fee request to my attention.

Sincerely,

Roberto Castellon
Case Manager

CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please immediately notify the sender by telephone or the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your cooperation.

U.S. Insurance Company of North America
Connecticut General Life Insurance Company
CIGNA Life Insurance Company of New York

|| Acknowledgment Requested

To Fax a reply, Dial: 800-731-2907

08/05/03 00:28pm P. 201

JUL 24 2003 11:25AM CIGNA DALLAS

NO. 315 P. 1

Facsimile Transmission Cover SheetCIGNA Group Insurance
Life, Accident, Disability

Transmit to FAX number 212-439-6855	Date July 24, 2003	Time 12:00 p.m.	Total number of pages including this sheet
Name Dr. Michael Alexades		Name Roberto Castellon	
Company		Department CIGNA Disability Management Solutions	
Phone 212-734-7288		Phone 1.800.352.0611 Extension 5608	
Address 159 E 74 St New York, NY 10021		Address 12225 Greenville Avenue Suite 1000, LB 179 Dallas Texas 75243	
<hr/>			
Comment			
<hr/>			

RE: Steven Alimo

DOB: 1/14/58

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Case Manager

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Life Insurance Company of North America
Cigna General Life Insurance Company
Cigna Life Insurance Company of New York

Acknowledgment Requested

To Fax a reply, dial: 860.731.2907

08/05/03 00:20pm P. 002

Michael M. Alexiades, M.D., P.C.

159 East 74th Street
New York, NY 10021

(212) 734-1288

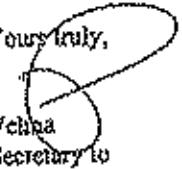
August 5, 2003

RE: Steven Alfano

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Yours truly,


Velma
Secretary to
Michael M. Alexiades, M.D.

MMA:avj

* * * TRANSMISSION RESULT REPORT (IMMEDIATE TX) (JUL 24 2003 11:26AM) * * *

FAX HEADER: SIGMA DALLAS

DATE	TIME	ADDRESS	MODE	TIME	PAGE	RESULT	PERSONAL NAME	FILE
JUL 24 2003	11:24AM	12124396855	6368	11:44	P.	4 OK		315

:BATCH
M :MEMORY TX
S :STANDARD
E :IPC

C :CONFIDENTIAL
L :SEND LATER
D :DETACH
F :ROUTING

S :TRANSFER
F :FORWARDING
I :INE
R :RECEP. NOTICE REQ.

P :POLLING
E :ECM
> :REDUCTION
A :RECEP. NOTICE

Facsimile Transmission Cover SheetCIGNA Group Insurance
Life · Accident · Disability

Transmit to FAX number 212-439-6855	Date July 24, 2003	Time 12:00 p.m.	Total number of pages (including this sheet): 4
Name Dr. Michael Alexiades Company Phone 212-734-3288 Address 159 E 74 St. New York, NY 10021		Name Roberto Castellon Department CIGNA Disability Management Solutions Phone 1.800.352.0611 Extension 5608 Address 12225 Greenville Avenue Suite 3000, LB 179 Dallas Texas 75243	
Comments			

RE: Steven Alfano

DOB: 1/14/58

In order to evaluate your patient's eligibility for Long Term Disability benefits (e.g. lost wage income), we are in need of the following information:

- Copies of your progress notes, including diagnostic test and lab results, from 1/1/01 to the present.
- A completed Physical Abilities Assessment form (attached).

We ask that you kindly respond by 8/7/03 to avoid any delay in your patient's claim for lost wages.

Naturally, we will consider a reasonable charge for this medical information. Please include your tax identification number. If this request requires a pre-payment, please call me at the phone number above or fax (860.731.2907) a fee request to my attention.

Sincerely,

Roberto Castellon
Case Manager

CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your compliance.

Life Insurance Company of North America
Commercial General Life Insurance Company
CIGNA Life Insurance Company of New York

Acknowledgment Requested

To Fax a reply, dial: 860.731.2907

Disability Management Solutions™
Physical Abilities Assessment Form

CIGNA Group Insurance
 Life • Accident • Disability
 Life Insurance Company of North America
 Connecticut General Life Insurance Company
 CIGNA Life Insurance Company of New York



We are evaluating your patient's disability claim in order to determine functional impairment. Please document your objective findings (check below) and provide copies of supporting reports such as office notes/consultations/testing. (Failure to provide the requested reports/data may result in delay in claim determination).

Patient Name:		Date of Birth:			
ICD-9 Diagnosis:					
Please check (✓) the boxes corresponding to the patient's level of physical functionality. Please substantiate your findings with medical documentation.					
In an 8 hour workday, the patient can tolerate, with positional changes and short breaks, the following activities for the specified durations:					
ASSESSMENT OF PHYSICAL ABILITIES	CONTINUOUSLY (87% - 100%) (5.0+ hrs.)	FREQUENTLY (24% - 66%) (2.5 - 5 hrs.)	OCCASIONALLY (1% - 20%) (<2.5 hrs.)	NONE (0%) (0 hrs.)	COMMENTS SUPPORTED BY OBJECTIVE EVIDENCE
Sitting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balancing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouching:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stooping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching: Overhead Desk Level Below Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seating:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smelling/Tasting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to Extreme in Heat:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to Extreme in Cold:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to Odors/Fumes/Particulates:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Extended Hours/OT:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Lower Extremities for Foot Control:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to Vibrations:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to Wet/Moist Conditions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can Work Around Machinery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Manipulation: Specify frequency and L or R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simple Grasp: Specify frequency and L or R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firm Grasp: Specify frequency and L or R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Continued on Reverse Side)

Form 500

In the last column check (✓) the box which corresponds to the patient's level of physical work function. Please substantiate your findings with medical documentation.

In an 8-hour workday, the patient can tolerate, with positional changes and meal breaks, the following:

PHYSICAL WORK LEVEL (Lift, Carry, Push, Pull)	CONTINUOUSLY (5 or more METs/min.)	FREQUENTLY (Up to 2.5 of the day (Up to 4 METs/min.)	OCASIONALLY Up to 1.5 of the day (1 MET/min.)	APPROXIMATE ENERGY REQUIRED IN WORK METS*	MOST APPLICABLE IN YOUR OPINION (Check 1/3 Box)
No Work	None	None	None	None	<input type="checkbox"/>
Sedentary	Negligible (sitting)	Negligible	10 lbs. (stand/walk occasionally)	1.5-2.1	<input type="checkbox"/>
Light	Negligible	10 lbs. (stand/walk occasionally)	20 lbs.	2.2-3.5	<input type="checkbox"/>
Medium	10 lbs.	10-25 lbs.	20-50 lbs.	3.6-6.3	<input type="checkbox"/>
Heavy	10-20 lbs.	25-50 lbs.	50-100 lbs.	6.4-7.5	<input type="checkbox"/>
Very Heavy	20-50 lbs.	50-100 lbs.	100+ lbs.	Over 7.5	<input type="checkbox"/>

*One MET is equivalent to the amount of energy expended in a resting state, for example sitting in a chair and not moving. Activities can be calculated as multiples of the resting state. Therefore 4.2 MET activity would mean the activity requires 4.2 times the amount of energy required to sit in a chair.

Additional Comments on Functionality:

Physician Name (Please Print):	Medical Specialty:
Address (Street, City, State, Zip Code):	
Telephone Number:	Federal Tax ID #:
Physician Signature:	Date:

Thanks in advance for your prompt response to this request.